

**COVID-19 VACCINATION CONSENT FORM**  
for Public Health – Seattle & King County vaccination sites

Patient Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

**Acknowledgement:** I have been provided an opportunity to review the COVID-19 Vaccine Fact Sheet for Recipients and Caregivers. I understand that I can review the Fact Sheet onsite or online (QR code below).

**Pfizer-BioNTech COVID-19 vaccine fact sheet, ages 12+:** [www.fda.gov/media/153716/download](http://www.fda.gov/media/153716/download)

**Pfizer-BioNTech COVID-19 vaccine fact sheet, ages 5 - 11:** [www.fda.gov/media/153717/download](http://www.fda.gov/media/153717/download)

**Moderna COVID-19 vaccine fact sheet:** [www.fda.gov/media/144638/download](http://www.fda.gov/media/144638/download)

**Janssen/Johnson & Johnson COVID-19 vaccine fact sheet:** [www.fda.gov/media/146305/download](http://www.fda.gov/media/146305/download)

Additional information about COVID-19 vaccines is available at: [kingcounty.gov/yourvaccine](http://kingcounty.gov/yourvaccine)

**Authorized Adult Consent:** I am authorized to consent for the patient named above to receive this vaccine. I request that the vaccine be given to the patient named above. I understand that the patient should stay at the vaccine location for 15 to 30 minutes after receiving the vaccine to be monitored for potential immediate vaccine-related reactions and side effects and receive medical intervention if needed.

\_\_\_\_\_, \_\_\_\_\_  
Signature of Authorized Adult Date

**OR**

**For Vaccine Site:**

Verbal consent by \_\_\_\_\_ given by \_\_\_\_\_ to \_\_\_\_\_ on \_\_\_\_\_  
Authorized Adult Name Phone/Device Staff Name Date

**Minor Consent:** I am a legally emancipated minor, a minor married to an adult, or have been determined a mature minor. I request that I be given the vaccine. I understand that I should stay at the vaccine location for 15 to 30 minutes after receiving the vaccine to be monitored for potential immediate vaccine-related reactions and side effects and receive medical intervention if needed.

\_\_\_\_\_, \_\_\_\_\_  
Signature of Emancipated/Married to An Adult Minor/Mature Minor Date



QR CODE FOR VACCINE FACTSHEETS